

TECHNICAL EXPERT PANEL (TEP) NOMINATION FORM TEMPLATE

Project Title: 2019 Merit-based Incentive Payment System (MIPS) Improvement Activities (IA) Technical Expert Panel (TEP)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with General Dynamics Information Technology (GDIT), through the Practice Improvement and Measures Management Support (PIMMS) contract – HHSM-500-2013-13008I, HHSM-500-T0001, to convene a technical expert panel (TEP) around the effectiveness and accuracy of the improvement activities (IAs) included in year 3 of the Quality Payment Program under the Merit-based Incentive Payment System's (MIPS) Improvement Activities performance category. HealthInsight is the sub-contractor for this aspect of the project.

As part of its improvement activity development process, CMS asks measure developers to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer to facilitate improvement activity development and maintenance.

Project Objectives:

HealthInsight, through its contract with GDIT and CMS, will convene a technical expert panel (TEP) around the effectiveness and accuracy of the improvement activities (IAs) included in year 3 of the Quality Payment Program under the Merit-based Incentive Payment System's (MIPS) Improvement Activities performance category.

The TEP will perform a comprehensive review of selected IAs, especially those about which the CMS' Service Center has been receiving comments and questions. The purpose is to:

- Engage users in the design of these IAs;
- Solicit feedback on the IAs with those using them in the real world; and
- Ensure that IAs are valid, weighted correctly and that their qualifications/criteria make sense.

TEP Expected Time Commitment:

TEP meetings will be conducted virtually via virtual meeting platform/teleconference.

As this TEP will inform the rulemaking process, it will be conducted annually, and participants will only need to attend the one meeting, although there may be additional pre-meeting work and follow-up discussions.

The length of this meeting is approximately 120 minutes. Self-directed meeting preparation time could run approximately 4-5 hours.

TEP members will be asked to complete surveys and pre-work and review meeting materials prior to the meeting. Additionally, TEP members may be called upon to review information and provide comments after the meeting.

TEP Requirements:

We are seeking a TEP of approximately 10-12 clinicians and individuals with the following perspectives and areas of expertise:

- Subject matter/clinical expertise with IAs
- Consumer/patient/family (non-medical caregiver) perspective
- Healthcare disparities
- Performance measurement
- Quality improvement

Instructions:

Applicants/nominees must submit the following documents ***with this completed and signed form:***

- A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the IA review outlined above and describing the interest in being involved in an IA-related TEP.
- *Curriculum vitae* or a summary of relevant experience (including publications) for a maximum of 10 pages.

Consumer/patient/family (non-medical caregiver) nominees should submit a completed and signed TEP Nomination Form and letter of interest as described above, but are not required to submit curriculum vitae. Consumer/patient/family (non-medical caregiver) participants may also elect to keep their names confidential in public documents.

Please send this completed and signed TEP Nomination form, statement of interest, and CV (if required) to HealthInsight with "Nomination" in the subject line at ImprovementActivityTEP@healthinsight.org. Due by close of business (5:00 pm Pacific Time) April 26, 2019.

Potential TEP members must be aware that participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input would be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential consumer/patient/family (non-medical caregiver) participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by HealthInsight.

*All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose)

conflicts of interest. However, the disclosure requirement is not intended to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure developer, other TEP members, and CMS about the source of TEP members' perspectives and how that might affect discussions or recommendations.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

Name:

Credentials:

Professional Role:

Organizational Affiliation:

City:

State:

Mailing address:

Telephone:

Email:

Person Recommending the Nominee:

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that they are agreeable to serving on the TEP. HealthInsight will request the required information from the nominee.

Name:

Credentials:

Professional Role:

Organizational Affiliation:

City:

State:

Mailing address:

Telephone:

Email:

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

Applicant/Nominee's Disclosure:

This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As a subcontractor for the Centers for Medicare & Medicaid Services (CMS), HealthInsight must ensure independence, objectivity, scientific rigor, and balance in its review of improvement activities.

Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? ☐Yes ☐No

If yes, please describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? ☐Yes ☐No

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement:

If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify HealthInsight.

It is anticipated that there will be one meeting, held virtually, with an approximate duration of 120 minutes. It is also anticipated that pre- and post- work will need to be done that should not exceed 4-5 hours. I am able to commit to attending the TEP meeting by virtual meeting platform/teleconference, or by mutually agreed-upon alternative means, and to completing the pre- and post- work.

If selected to participate in the TEP and the comments lead to further questions, I will be available to discuss the activities with the organizations (HealthInsight, CMS) or its representatives and work to make revisions to the improvement activities, if necessary.

I understand that my participation on the TEP is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.

If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____ Date: _____

For consumer/patient/family (non-medical caregiver) participants only: I wish to keep my name confidential. ☐Yes ☐No